

INSTRUCTIONS FOR FIRM REGISTRATION

1. *through* 4. Please fill out as instructed.

5. You must attach a list of all partners, shareholders, and/or owners, including non-licensees with ownership in the firm practicing in New Hampshire. Please also include a list of all licensees working for this firm in New Hampshire.

6. Please respond accordingly if your practice unit has audited any publicly held company(ies) in the previous 2 years.

7. Please list all states in which you have applied for or hold permits as a CPA Firm and attach a list any past denial, revocation, or suspension of a license or permit by any other state. You must notify this Board within 30 days of any change in the identities of partners, officers, shareholders, members, or managers whose principle place of business is in this state. Furthermore you must notify us of any changes in location of offices within the state, any change in the identity of the persons in charge of such offices, and any issuance, denial, revocation, or suspension of license of permit by any other state within 30 days.

8. Please list who will be in charge of attest services if this firm has non-licensee owners.

9. On second page, or reverse side of this form, you will find **4 peer review affidavits**. Your practice unit **MUST sign one** of these affidavits.

-If you sign (a) you **MUST** submit your most recent peer review acceptance letter.

–YOU MUST SUBMIT A COPY OF YOUR PEER REVIEW ACCEPTANCE LETTER OR YOUR FIRM REGISTRATION WILL NOT BE APPROVED.

If you sign (b) you will need to submit a brief explanation of the steps being taken to obtain the unqualified report and the expected completion date.

10. This form is **due 62 days from 6/30/2006**. Upon receipt and upon approval this Agency will forward a Firm License to the practice unit.

11. **Fees \$25.00** for practice units with more than one partner.

AFFIDAVIT FOR PEER REVIEWS

Affidavit: **PRACTICE UNITS** applying for renewal of biennial registrations to practice public accountancy shall submit one of the following affidavits signed under the penalties of perjury:

a. I hereby certify that my practice unit currently performs reports and the practice unit had an unqualified report issued _____ the next peer review is scheduled for _____.

Signature of Authorized Representative of Practice Unit

Please print name here.

Date

c. I hereby certify that my practice unit is not performing reports at this time and therefore is exempt from the peer review requirement. I further agree to notify the Board within 30 days of my first report engagement and shall schedule a peer review and will obtain an unqualified report within three years of the date of the first engagement.

Signature of Authorized Representative of Practice Unit

Please print name here.

Date

b. I hereby certify that my practice unit is currently performing reports and the practice unit had an adverse or qualified report and is currently taking the necessary steps to obtain an unqualified report. This practice unit will notify the board and submit a copy of the unqualified report and acceptance letter upon receipt. The expected completion date is _____.

Signature of Authorized Representative of Practice Unit

Please print name here.

Date

d. This practice unit is currently performing reports; however, the practice unit's first engagement occurred less than three years prior to the date of the signing of this form. The practice unit hereby agrees to have a peer review conducted within three years of the first report engagement and the anticipated completion date is _____.

Signature of Authorized Representative of Practice Unit

Please print name here.

Date

**Permit to Practice as a
Certified Public or Public Accounting Firm**
(FOR ENTITIES WITH AN OFFICE(S) IN NEW HAMPSHIRE)
July 1, 2006 through June 30, 2008

I HEREBY REGISTER THIS FIRM TO PRACTICE PUBLIC ACCOUNTING IN THE STATE OF NEW HAMPSHIRE IN CONFORMITY WITH RSA 309-B:8.

1. Name of Firm: _____

2. Principal NH Address: _____

STREET

CITY

STATE

ZIP

3. Type of Entity: _____ Phone NO. _____
P.C., LLP, LLC, Partnership, Sole Proprietor etc...

4. Type of Practice: () Certified Public Accountant/s
 () Public Accountant/s
 () Both CPA's and PA's
 () CPA's and Non-Licensees (Non CPA Ownership)

5. Please attach a list of all Partners, Shareholders and/or Owners, including non-licensees with ownership in the firm practicing in New Hampshire. Please also include a list of all licensees working for this firm in New Hampshire with Certification numbers and expiration dates.

6. Do you or have you in the past two years audited publicly held company(ies)? () yes () no

7. Please list all states in which you have applied for or hold permits as a CPA firm and attach a list of any past denial, revocation, or suspension of a license or permit by any other state.

8. If this firm has non-licensees with ownership in the firm, please identify the individual/s who will be in charge of all attest services rendered in this state.

Name

Certificate #

This/these individual/s must meet the experience requirement pursuant to RSA 309-B:8 III (c).

Date

Signature of Authorize Representative